SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) **CLAIMS** AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. (I) TOTAL TOTAL IND. *** _** _

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL DEP.

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